SELF-INSURED INJURY REPORT FOR 2011

THE INDUSTRIAL COMMISSION OF ARIZONA

This report is subject to verification

by ICA auditors

Self-Insu	red Name:]				_
							Page		То		
Period covered: To							•		_	INSTRUCTIONS ON	SEPARATE PAGE
	(fill in the bolded	cells)			_	CLAI	MS \$5,000 AND	OVER			
Indometry Includes						MEDICAL		INDEMNITY			Total
Indemnity Includes Vocational Rehabilitation						MEDICAL		INDEMINITY			Total
Indicate with a (Y) or (N)											
List all claims alphabetically by:											
Last Name											Total Columns
Column A					Column B	Column C	Column D	Column E	Column F	Column G	(C+D+E+F-G)
Rehab Y/N	Last Name	First Name	DOI	Nature of Injury	Claim #	Paid	Outstanding	Paid	Outstanding	SUBROGATIONS & RECOVERIES	, ,
	G) Total Claims \$5	000 and over		I	I.						
	(H) Check total (If r	ow G and row H	do not equa	, mathematical error ha	s occurred)						
						Column C	Column D	Column E	Column F	Column G	Total Columns (C+D+E+F-
(I) Claims \$1,999 or less Medical only (J) Claims \$4,999 or less Medical and/or Indemnity:											
(K) Total all claims:											
				(L) Check total (If row l	K and row L do r	not equal, math	ematical error h	as occurred)		•	
I certify to	nis report is a true a	nd complete for the	e period state	ed.							
Officer Signature:						Primary Email Address:					
Officer Name:						Alternative Email Address:					
Officer Title:						FAX Number:					
Date of Officer Signature:						Primary Phone Number:					
Name and Title of Person completing this form if different than above:							Alternative Phone Number:				
							TPA Name:				
Date Form Completed:						TPA Phone Number:					
							TPA FAX Number:				
											<u>"</u>